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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**



Declaration  
Submitted  
With Initial  
Filing

OR



Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number

27124-1

First Named Inventor

Salvi et al.

COMPLETE IF KNOWN

Application Number

Filing Date

Art Unit

Examiner Name

**I hereby declare that:**

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**APPARATUS AND METHOD FOR MEASURING AND MONITORING RANGE OF MOTION  
OF THE LUMBAR SPINE**

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 6]

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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number: <input type="text" value="22493"/> <b>OR</b> <input type="checkbox"/> Correspondence address below			
Name			
Address			
City		State	ZIP
Country	Telephone (608) 257-9521	Fax (608) 283-1709	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])  Frank J.		Family Name or Surname  Salvi	
Inventor's Signature			Date
Residence: City Cottage Grove	State Wisconsin	Country US	Citizenship US
Mailing Address 4363 Damascus Trail			
City Cottage Grove	State Wisconsin	ZIP 53527	Country US
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature			Date
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	ZIP	Country
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the <u>4</u> supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			

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**DECLARATION****ADDITIONAL INVENTOR(S)**  
Supplemental SheetPage 3 of 6

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Gabriel J.		Donatell	
Inventor's Signature		Date	
Residence: City	Hudson	State	Wisconsin
		Country	US
Mailing Address 383 Trout Brook Trail			
Mailing Address			
City	Hudson	State	Wisconsin
		Zip	54016
		Country	US
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
		Country	
Mailing Address			
Mailing Address			
City		State	
		Zip	
		Country	
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
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Residence: City		State	
		Country	
Mailing Address			
Mailing Address			
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**DECLARATION****ADDITIONAL INVENTOR(S)**  
Supplemental SheetPage 4 of 6

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
David W.		Meister	
Inventor's Signature		Date	
Residence: City	Madison	State	Wisconsin
		Country	US
Citizenship US			
Mailing Address 18 Eastbourne Circle			
Mailing Address			
City	Madison	State	Wisconsin
		Zip	53717
		Country	US
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
		Country	
Citizenship			
Mailing Address			
Mailing Address			
City		State	
		Zip	
		Country	
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
		Country	
Citizenship			
Mailing Address			
Mailing Address			
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**DECLARATION****ADDITIONAL INVENTOR(S)**  
Supplemental SheetPage 5 of 6

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Jeremy R.		O'Brien	
Inventor's Signature		Date	
Residence: City	Milwaukee	State	Wisconsin
		Country	US
Mailing Address			
711 North 16th Street #201			
Mailing Address			
City	Milwaukee	State	Wisconsin
		Zip	53233
		Country	US
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
		Country	
Mailing Address			
Mailing Address			
City		State	
		Zip	
		Country	
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
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Supplemental SheetPage 6 of 6

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
John S.		Thurlow	
Inventor's Signature		Date	
Residence: City	Madison	State	Wisconsin
Country	US	Citizenship	US
Mailing Address 234 Randolph Drive, Apt. No. 108D			
Mailing Address			
City	Madison	State	Wisconsin
Zip	53717	Country	US
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
Country		Citizenship	
Mailing Address			
Mailing Address			
City		State	
Zip		Country	
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# **POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	Salvi et al.
Title	APPARATUS AND METHOD FOR MEASURING AND MONITORING RANGE OF MOTION OF THE LUMBAR SPINE
Art Unit	
Examiner Name	
Attorney Docket Number	27124-2

I hereby appoint:

☒ Practitioners associated with the Customer Number:

22493

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

<input type="checkbox"/> Firm or Individual Name					
Address					
Address					
City		State		Zip	
Country					
Telephone	(608) 257-9521	Fax	(608) 283-1709		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

## **SIGNATURE of Applicant or Assignee of Record**

Name	Frank J. Salvi		
Signature			
Date		Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 5 forms are submitted.

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and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

<b>Application Number</b>	
<b>Filing Date</b>	
<b>First Named Inventor</b>	Salvi et al.
<b>Title</b>	APPARATUS AND METHOD FOR MEASURING AND MONITORING RANGE OF MOTION OF THE LUMBAR SPINE
<b>Art Unit</b>	
<b>Examiner Name</b>	
<b>Attorney Docket Number</b>	27124-2

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**SIGNATURE of Applicant or Assignee of Record**

<b>Name</b>	Gabriel J. Donatell		
<b>Signature</b>			
<b>Date</b>		<b>Telephone</b>	

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First Named Inventor	Salvi et al.
Title	APPARATUS AND METHOD FOR MEASURING AND MONITORING RANGE OF MOTION OF THE LUMBAR SPINE
Art Unit	
Examiner Name	
Attorney Docket Number	27124-2

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<input type="checkbox"/> Firm or Individual Name					
Address					
Address					
City		State		Zip	
Country					
Telephone	(608) 257-9521	Fax	(608) 283-1709		

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## **SIGNATURE of Applicant or Assignee of Record**

Name	David W. Meister		
Signature			
Date		Telephone	

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<b>Art Unit</b>	
<b>Examiner Name</b>	
<b>Attorney Docket Number</b>	27124-2

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<input type="checkbox"/> Firm or Individual Name				
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Address				
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Country				
Telephone	(608) 257-9521	Fax	(608) 283-1709	

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## **SIGNATURE of Applicant or Assignee of Record**

<b>Name</b>	Jeremy R. O'Brien		
<b>Signature</b>			
<b>Date</b>		<b>Telephone</b>	

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<b>First Named Inventor</b>	Salvi et al.
<b>Title</b>	APPARATUS AND METHOD FOR MEASURING AND MONITORING RANGE OF MOTION OF THE LUMBAR SPINE
<b>Art Unit</b>	
<b>Examiner Name</b>	
<b>Attorney Docket Number</b>	27124-2

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Telephone	(608) 257-9521	Fax	(608) 283-1709		

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☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

## **SIGNATURE of Applicant or Assignee of Record**

<b>Name</b>	John S. Thurlow		
<b>Signature</b>			
<b>Date</b>		<b>Telephone</b>	

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